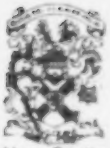


ANNUAL REPORT 128

for the fiscal year
ending March 31, 1986

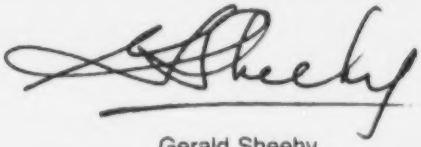
Nova Scotia Hospital

The Honourable Alan R. Abraham, C.D.
Lieutenant-Governor of Nova Scotia

To His Honour:

I have the honour respectfully to submit herewith the one hundred and twenty-eighth Annual Report of the Nova Scotia Hospital.

I have the honour to be
Your obedient servant,



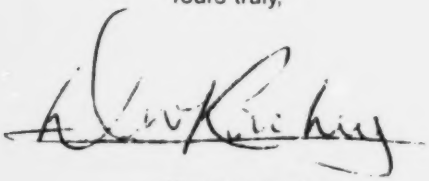
Gerald Sheehy
Minister of Health

To The Honourable Gerald Sheehy
Minister of Health
Province of Nova Scotia

Sir:

I have the honour to transmit herewith the one hundred and twenty-eighth Annual Report of the Nova Scotia Hospital.

Yours truly,



David W. Richey
Chairman
Board of Management

BOARD OF MANAGEMENT

Chairman	D. Richey
Vice-Chairman	G.D. Tanton
Members	D. Ardley
	J. Clarke
	M. Conrod (Mrs.)
	O. Henderson
	Dr. G. Ibsen
	P. Murray (Mrs.)
	K. O'Hearn
	L. Peters
	D. West

ADMINISTRATIVE STAFF
NOVA SCOTIA HOSPITAL
(at March 31, 1986)

EXECUTIVE DIRECTOR	Mr. Frank Chalmers
MEDICAL DIRECTOR	Dr. Harry Poulos

Department of Psychiatry

Chief of Service, Psychiatry—DeWolfe Bldg.	Dr. S. Akhtar
Chief of Service, Psychiatry—E.C. Purdy Bldg.	(Vacant)
Director of Forensic Services	Dr. S. Akhtar
Director of Community Services	Dr. L. Buffett
Director of Adolescent Services	Dr. K. Ahmad
Director of Out-Patient Department	Dr. L. Holland
Director of Children's Services	Dr. I. DeCoutere
Director of Psychogeriatric Services	Dr. N. Allison
Senior Psychiatrist	Dr. J.V. O'Brien
Senior Psychiatrist	Dr. J. Curtis
Senior Psychiatrist	Dr. M. Virey
Senior Psychiatrist	Dr. A. Hipwell
Senior Psychiatrist	Dr. D. Maynes
Staff Psychiatrist	Dr. E.P.B. Aquino
Staff Psychiatrist	Dr. A. Bhattacharyya
Staff Psychiatrist	Dr. S. Brooks
Staff Psychiatrist	Dr. M. Cussen
Staff Psychiatrist	Dr. P. Malavi
Staff Psychiatrist	Dr. M.S. Muthu
Staff Psychiatrist	Dr. M. Tomlinson
Staff Psychiatrist	Dr. S. Villacastin
Staff Psychiatrist	Dr. S. Yoon

Department of Medicine

Chief of Medicine	Dr. D. Weir
Staff Physician	Dr. S. Abraham
Staff Physician	Dr. L. Johnston
Staff Physician	Dr. P. Newman
Staff Physician	Dr. H. Ruparelia
Staff Physician	Dr. G. Worthylake

Heads of Departments and Sub-departments

Director of Nursing	Mrs. G. Webber
Assistant Director of Nursing	Mrs. A. McGuire
Assistant Director of Nursing	Mrs. V. Williams
Co-ordinator of Youth Services	Mr. A. James
Staffing Co-ordinator (Nursing)	Mr. L. Hardy
Director of Nursing Education	Mrs. T. Blaikie
Director of Staff Development	Mrs. J. Clancey
Director of Social Work	Mrs. W. Milne
Director of Psychological Services	Dr. P. Shackleton
Administrative Assistant	Mr. M. Townsend
Manager of Accounting	Mr. D. Woods
Maintenance Manager	Mr. D. MacIntyre
Director of Dietetics	Mrs. J. Jenkins
Director of Motivational Therapy	Mrs. M. Spindler
Supervisor of Volunteer Services	Ms. M.C. LeVatte
Chief Medical Records Librarian	Ms. D. Calder
Director of Central Laundry Services	Mr. C. Ebel
Co-ordinator of Educational Services	Mr. P. Giroux
Personnel Manager	Mrs. E. Hill
Chief Pharmacist	Mr. G. Moulton

CONSULTANT STAFF

Neurology and Encephalography	Dr. H.N.A. MacDonald
ENT	Dr. R.S. Murphy
Ophthalmology	Dr. M. Humayun
Ophthalmology	Dr. R. Hand
Medicine	Dr. C. Young
Radiology	Dr. I.M. MacLeod
Surgery	Dr. B.J. Steele
Dentistry	Dr. C.W. Curry
Dentistry	Dr. H.L. Sable

Dentistry	Dr. R. Conter
Obstetrics and Gynecology	Dr. D. Johnston
Pediatrics	Dr. U. Weste
Pathology	Dr. I. Maxwell
Anesthesiology	Dr. L. Marr
Anesthesiology	Dr. A. Kelland
Anesthesiology	Dr. R. Paterson
Internal Medicine and Hematology	Dr. O. Hayne
Urology	Dr. S. Yoon

CONSULTANT STAFF IN PSYCHIATRIC TEACHING

Dr. J.F. Nicholson
Dr. S. Hirsch
Dr. P. Flynn
Dr. A. Munro
Dr. W.O. MacCormick
Dr. W.A. Birnie
Dr. J. Gray
Dr. H.P. Poulos

CHAPLAINCY SERVICE

Protestant	Rev. R. MacLean
Roman Catholic	Sister Mary Delaney

REPORT OF THE CHAIRMAN OF THE BOARD

During this past fiscal year our Board has come to the full realization of the obstacles presented by the stigma of mental illness, and we took our first tentative but significant steps toward improving the image of the Nova Scotia Hospital.

The development and refinement of psychotropic medications has revolutionized the treatment of the mentally ill over the past thirty years. Up to that time, the health care system was to a significant degree helpless to effectively treat those suffering from psychiatric disorders. With intensive treatment from medical, nursing and psychological professionals, as well as occupational therapists and social workers, it is now possible to successfully treat most psychiatric illnesses and discharge patients within a reasonably short time back to the community. Unfortunately, in all too many cases, the community is not ready. Many patients require care of a less intensive nature than provided by our hospital, without which deterioration occurs resulting in readmission.

So it was with high hopes that we greeted the announcement this year by the Minister of Health, of a co-ordinated home care program for the Province of Nova Scotia. Like the rest of North America, this province has some way to go in keeping pace with developments in treatment which have made deinstitutionalization possible. Public attitudes have also failed to keep pace with these developments, and much remains to be done to establish the Nova Scotia Hospital in the minds of the public as a place where sick people go to get better, and not to be "locked up" forever.

A significant development this year was the inauguration of our Tel Med system, a health information line which will expose many Nova Scotians to our hospital. Our first Five Year Plan was approved by the Board in October, 1985. In March, 1986 we held the first planning retreat by the Board and senior staff, permitting us to develop a clearer picture of the challenges confronting the Nova Scotia Hospital, and enabling us to devise the means by which these challenges can be met.

At year end we prepared to say good bye to Dr. Harry Poulos, who after many years of dedicated service to the hospital and the people of Nova Scotia, announced his retirement as Medical Director. Many advances in clinical treatment took place at the hospital under his guidance. It was with great anticipation that we awaited the arrival, on the first of June, of Dr. David McPherson, to succeed Dr. Poulos.

During my term of office as Chairman, we have been fortunate in enjoying excellent relationships with our Ministers of Health, who have been supportive of the needs and aspirations of our hospital. The restrictions imposed by government restraint are acutely felt, however, and we still await an announcement of construction of a new 100-bed Extended Care Unit at our hospital. The implementation of the new Young Offenders Act presented new challenges for our childrens' and adolescents' services, and at year end we were actively seeking additional staffing.

Nova Scotia is fortunate to have such a dedicated and highly qualified staff and administration at its primary psychiatric facility, and the Board is indebted to the Executive Director and all employees for their outstanding service. I am personally indebted to our Vice-Chairman, David Tanton, and other members of the Board for their support over the past year. The balance of my report consists of reports of committees, which reflect the dedication our Board members bring to their duties.

Legislation Committee (O.G. Henderson, Chairman)

The committee reviewed copies of proposed amendments to the Hospitals Act and made appropriate recommendations to the Board on these amendments including: formal admission criteria; consent to treatment, formal patients; leave of absence; joint treatment—psychiatric facilities and Nova Scotia Commission on Drug Dependency. The Medical Staff section of the Nova Scotia Hospital by-laws was reviewed and recommendations for several amendments were made. The by-laws were submitted to the Minister of Health for approval under the Hospitals Act.

The committee reviewed the responsibilities of the hospital's Clinical Director as outlined in the by-laws, and approved the job description. Due to the pressure of other work, and the lack of senior administration staff to assist, no significant progress was made on a hospital-wide Policy and Procedure Manual.

Finance Committee (Kerry O'Hearn, Chairman)

The committee met monthly—just prior to a full meeting of the Board—to receive and consider the financial statement of the month previous, and receive reports from staff on the situation of the hospital as regards revenue and expenses. The committee Chairman then gave the financial report to the Board at its regular meeting. In addition, the committee reviewed in detail budget submissions for operating and capital funding, and made appropriate recommendations to the Board.

The committee also met with selected department heads to review the financial operations of their departments within the hospital. Other subjects of discussion or recommendation to the Board included the billing system for recovery of funds from the Nova Scotia Commission on Drug Dependency; procedural changes in the handling of the patients' trust fund; the rationale for variances in the raw food budget; changeover from general ledger chart of accounts to the computer in the Department of Finance; sick leave utilization and computerized personnel system for the hospital.

Patient Care Committee (Leo Peters, Chairman)

Eleven meetings of this committee were held during the year. A frequent topic of discussion at the committee was the Forensic Unit and staffing and security issues related to it. A report of the Royal Canadian Mounted Police on the security of the Unit was received and considered at a special joint meeting with the Planning Committee. Several areas were identified for further action.

The new standards of the Canadian Council on Hospital Accreditation requiring an organized quality assurance program kept this committee very busy. Regular reports were received on unusual incidents in the hospital, and the committee abandoned the practice of reviewing Incident Reports in detail. A proposal for a Patient Advocacy Program and a Patient Representative received much discussion and refinement through the year. Final decisions relating to a Patient Advocacy Program as well as an Ethics Service in the hospital were postponed pending the arrival of the new Medical Director. Other topics considered during the year were a study of care given to children and adolescents in Nova Scotia, policies relating to treatment of patients on Lieutenant Governor Warrants, reorganization of Psychogeriatric Services, resuscitation intervention for the terminally ill, and programming for young offenders.

Planning Committee (Pam Murray, Chairman)

Much of the year was devoted to finalizing the first long term plan for the hospital. A meeting was held with the Executive Director and Board representatives from the Victoria General Hospital to discuss the Five Year Plan, the final draft of which was approved for presentation to the Board in October.

A cost summary for a Five Year Plan for computerization was received and discussed, as was the report of the RCMP on the Forensic Unit. The submission to the Department of Health for capital construction

and maintenance projects was approved and later ratified by the Board.

Preliminary plans from the Department of Development for the Woodside Ferry Terminal were discussed and recommendations were made to the Board relating to several concerns which were identified.

Personnel and Public Relations Committee
(Rev. J. Clarke, Chairman)

Each month this committee received and approved a volunteer and public relations report, a personnel report, and a report from the hospital auxiliary. Arrangements for Mental Health Week, Careers Day, and the Speakers Bureau were reviewed and approved. A report from staff was received relating to proposed changes resulting from the Occupational Health and Safety Legislation and its impact on the hospital. This committee initiated the concept of employee recognition awards, and this year approved recommendations from staff for such a system. At the insistence of committee member David Ardley, approval was given for a hospital picnic which was planned for the summer of 1986.

Arrangements were made for a public relations study to be conducted by Professor Jon White of Mount Saint Vincent University. Relations with the media received much discussion, and it was noted that mental illness still presented an easy target for irresponsible reporting.

Board Development Committee (David Tanton, Chairman)

This committee was constituted during this fiscal year to plan and organize developmental activities of the Board and to ensure periodic review and evaluation of Board activities. The first meeting was held November 22, 1985 to set terms of reference for the committee. After a review of the literature, the committee recommended that the Board have a weekend retreat with senior staff for the purposes of Board education and development to facilitate planning for the hospital. Much activity of the committee was directed to finalizing arrangements for the retreat, which was held in March with Dr. A. Munro, Head of the Department of Psychiatry at Dalhousie University, and Dr. D. Archibald, Administrator of Psychiatric and Mental Health Services for Nova Scotia, as guest speakers.

David Richey
Chairman
Board of Management

EXECUTIVE DIRECTOR'S ANNUAL REPORT

Although financial constraints continued throughout the 1985–86 fiscal year, I am pleased to report that the hospital was able to continue to meet the goal of providing quality care to the patients it serves.

Set out below are highlights of the year, in terms of some of the major activities undertaken.

Thanks to a continued reasonable capital funding allocation, the refurbishing program for patient areas was continued with a further five units being totally refurbished.

A program of installing privacy curtains in patient rooms was initiated, with eight units being completed.

A Hospital-Wide Quality Assurance Program was developed and successfully implemented. Surveyors from the Canadian Council on Hospital Accreditation indicated that this is one of the best Quality Assurance Programs in a psychiatric facility in Canada.

A new SL1 (Stored Logic) Business Communications telephone system was installed to replace the previous system, which we subsequently learned was one of the oldest in the province.

A significant proportion of Board and senior staff time was devoted to the development of a Five Year Plan for the hospital. In an era of limited funding, changing consumer expectations, and the development of new treatment modalities, it is important that the hospital develop a clear picture of the direction in which its services should develop to respond to these challenges.

The Five Year Plan attempts to address the above issues by means of the hospital's Mission Statement, Philosophy and Goals, as well as identifying specific clinical and demographic trends which will impact on our services for the next five years. In addition, specific objectives were identified for the various services/programs offered at the hospital. Naturally, no plan is cast in store and the hospital will continue to update the document on an annual basis.

The aging of major parts of the hospital's physical complex continues as an area of concern. In particular, the DeWolf Building (128 years old) and the Purdy Building (28 years old) require attention. A complicating factor in addressing the needs of the former building is

that its use as a patient care area will be discontinued when the new Extended Care Unit is built. There is, therefore, understandable reluctance to invest significant capital dollars in remodelling an area which (hopefully) will cease operation in the future. However, it was disappointing to note that the new Extended Care Unit was not included in the first phase of new hospital construction announced by the Minister of Health.

Depending on the date of construction of the new Extended Care Unit, it may be necessary to invest substantial dollars in improving the facilities in the DeWolf Building. Similarly, the Purdy Building requires major capital investment to upgrade it to currently accepted standards, from both the treatment and aesthetic perspectives.

The hospital's computerization program continued with systems being installed to provide word processing capability in defined areas such as psychological testing, neuropsychological assessments, Admission, Discharge and Transfer System.

In a large complex organization such as the Nova Scotia Hospital, communication—both internal and external—requires careful and continuous attention. To address this issue and to develop a co-ordinated long term strategy for managing our communications, an external consultant was engaged to prepare a report. Subsequently, the report was adopted by the Board of Management and forms the basis for our ongoing efforts in this area.

A major focus of attention during the year was our effort to form stronger links with Dalhousie University, particularly in regard to undergraduate and postgraduate medical education. While much remains to be done in this area, initial discussions were positive and encouraging.

A highlight of the year was the introduction by the Minister of Health of legislation to create a Nova Scotia Hospital Foundation. The Foundation will serve as a vehicle to enable the hospital to raise funds for clinical research and education, equipment acquisition, and patient programming.

In closing, I wish to pay tribute to, and express my thanks to, the Board of Management and staff of the hospital for their support in striving to meet our collective goal of providing quality care to the patients we serve.

Further details follow in the reports of specific department operations.

Frank Chalmers
Executive Director

Administration and Support Services

During the year there were a number of minor changes made to the various systems. A new purchasing system for the Drug Distribution Program was developed, but at the time of this report it was not yet implemented as we were awaiting the upgrade of our current equipment which will allow for this, The Patient Information System, and the Dietary Management Information System. An additional 75 megabyte disc drive, 4 terminals and two printers are on order and scheduled for delivery in May, 1986.

The report on our annual audit—which was performed by the Auditor General's Department—indicated that the accounting systems and controls were adequate and operated properly throughout the 1984–85 fiscal year.

The Personnel and Payroll Department continued to facilitate many educational programs, work experience programs, summer employment programs and labour-management consultation. They also began to use computerization as a means to broaden their analysis and reporting.

The Maintenance Department continued to maintain the hospital plant and equipment in good order. Many areas were painted and many minor renovation projects were completed, both internally and externally. All the boilers were cleaned and inspected, and during the year produced 159,528,400 pounds of steam while consuming 1,127,617 gallons of Bunker "C" oil.

The Central Laundry/Linen Service processed approximately 3.5 million pounds, with a high level of satisfaction from its user institutions. A linen awareness program facilitated by the Laundry for the user institutions provided for better production scheduling and reduced linen replacement costs.

The staff of the Housekeeping Department continue to achieve high standards of cleanliness and sanitation within existing staff resources, while carrying out a number of additional duties that would not normally be expected of this department.

Evacuation exercises and fire drills in all areas of the hospital have been held under the direction of the Fire Safety Officer, with satisfactory results. The Disaster Plan Committee continues to be active, with many minor revisions being made to the Disaster Plan. New emergency lights and halon fire extinguishers were installed.

A new telephone switching system implemented by the Office Services Department, in conjunction with Maritime Tel & Tel and the Department of Government Services, will hopefully materially improve the telephone service throughout the institution.

Medical Records Department

This department has operated efficiently over the past year with no turnover in staff. A selection of workload statistics for the 1985–1986 year includes:

- 6000 requests for information for medical, legal or insurance purposes.
- 11 subpoenaes were received.
- 4000 documents were screened to insure recording requirements of the Nova Scotia Hospital Act were met.
- 16,000 documents and late reports were distributed and filed.
- 168,000 documents were microfilmed.
- Assisted in two research studies.

Following are selected statistics for the 1985–1986 fiscal year:

Number of patients at beginning of year	360
Total admissions	1817
Average length of stay	65 days
Average patient census	339
Number of patients admitted for voluntary observation	852
Number of patients admitted for certified observation	782
Number of patients admitted under warrant	161
Number of patients transferred from other institutions	22
Average number of beds set up	399
Total days of service	123,721
Total number of outpatient visits	13,805
Total number of day care patients treated	61
Number of patients at end of year	356

Dietary Department

The major events in the Dietary Department focussed on the acquisition of major pieces of equipment and systems.

The computer hardware for the management information system in Dietary is the first tangible evidence that the department is ready to mechanize its flow of management data. The arrival of the software and program is imminent, and a concentrated effort is being placed on the preparation of data files for the program.

The purchase of the Aladdin Insulated Tray System was completed this year and the results of an upgrade in the quality of food temperatures presented to the patients have been realized. The entire food system, with the exception of service to the unit for the mentally retarded, has now been centralized as a result of the new tray system. The tray system will be introduced to the N-12 unit in the near future. As a complement to the Aladdin Tray System, a new flight dishwasher has been installed in the department.

A major productivity study was undertaken in the department over the year and resulted in more efficient use of staff in the areas studied. The study provided effective support to efforts made to adjust the staff complement of 100 full time equivalents to full time equivalents dictated by the 1984–85 budget. Although the objective to reduce the complement over the year has not been met, some reduction was realized. The reduction in staff complement was intended to match a reduction in total meal days over the past year. Two "early" retirements will likely leave some effect on the staff complement.

Despite the reduction in total meal days, there has been a conspicuous increase in the demand for therapeutic diets in the patient population during the last quarter of the year.

The Dietary Quality Assurance Plan was completed and implemented in the department.

Other projects worthy of mention include enhancement of the midnight meal service, development of smoke free areas in the Cafeteria, the attempt to classify the therapeutic dietitian as a management position, the hiring of co-operative education students, the technical training of two food service supervisors and two apprenticeship cooks and the privilege of catering to the first Annual Service Award dinners at the hospital.

The support offered by the Board of Directors and Administration to the Director in her efforts to partake in year one of the Health Services Management Course, and to the Assistant Director as she completes her term as President of the Nova Scotia Dietetic Association, is greatly appreciated.

DIETARY STATISTICS: April 1, 1985–March 31, 1986

Patient Meal Days	133,142
Student Meal Days	5,039
Cafeteria Meal Days	19,345
Modified Diets	34,053
% Patients on Modified Diets	26%
Total Meal Days	159,672

Staff Turnover

2 Food Service Supervisors
1 Cook (retired)
3 Food Service Workers
3 Kitchen Orderlies

Motivational Therapy Department

The clinical staffing of the Occupational Therapy section of the department at the beginning and end of the year was as follows:

	April 1, 1985	March 31, 1986	Complement
Supervisor	1	1	1
Occupational Therapist	1	4*	9
Occupational Therapy Assistant	6	6	6

*2 full-time appointments + 2 F.T.E. achieved by 4 part-time appointees including our first joint appointment arrangement with Dalhousie University.

A major focus was, again, recruitment for occupational therapists. Expanded efforts were made including advertising internationally. Potential applicants from other countries may be discouraged by our offer of one year appointments and the more rigorous registration requirements now in place.

The results of an in-depth study of the service, conducted by the Department of Health Consultant in Occupational Therapy, were studied. Some recommendations were adopted but as the majority of issues related directly to the insufficient number of occupational therapists, further action to fill and expand the complement was indicated.

The following information reflects the clinical workload of the section, as recorded under the revised workload measurement system introduced at the beginning of the year.

	TREATMENT UNITS	WEIGHTED UNITS	ATTENDANCES
In-Patients	258,691	379,957	8,231
Out-Patients	35,350	6,356	1,451

There were 479 new referrals accepted and 131 active carryover referrals.

Active involvement with the School of Occupational Therapy, Dalhousie University, was continued although our role in clinical fieldwork placements was significantly reduced due to staffing conditions.

Recreation

Staffing of our complement of 4.6 was stable throughout the year.

Regular programming was on-going with emphasis on special events, e.g. National Participaction Day, Sunshine Festival Days.

An activity club model to facilitate patient involvement was introduced on a number of units.

The community based "Stepping Stones" leisure education program received considerable attention through conference presentation, publication and adoption of the model by other agencies.

Numerous volunteers were recruited from recreation-related university programs. This augmented our service and contributed to public knowledge of the hospital.

Leadership was again provided in the operation of Camp Victoria, the hospital's camping facility at Lake Echo.

General

A departmental quality assurance program was formalized.

Educational programs were arranged for department and hospital personnel, students in various fields, patients' relatives and members of the public.

Active involvement, including leadership roles, with related professional organizations and community agencies was maintained, and consultation related to recreation and occupational therapy services was provided, on request, both from within and outside the province.

Nursing Service Department

This has been a busy and progressive year.

Once again all staff nurse positions were filled with registered nurses. We were also able to recruit nine baccalaureate nurses. The ratio of registered nurses to auxiliary nursing staff, however, remains at 50:50.

Three studies were completed: High Risk Suicidal Patients, The Role of the Administrative Supervisor, and Patients' Clothing and Valuables.

The majority of nursing units were refurbished with new beds, bedside tables, lockers, privacy curtains, bedroom chairs, plus living room and dining room furniture.

A number of working committees were formed with membership representation from all levels of nursing staff to identify, analyze and solve nursing issues. This has resulted in revision of: 1) Philosophy and Objectives; 2) Nursing Procedures and Program; 3) Emergency Review System; 4) Head Nurse Performance Appraisal; 5) Nursing Assessment Form; 6) Transfer of Function Program; 7) Orientation Format; 8) Pharmacology Update Sessions; 9) Medication Incident Follow-up; 10) Unit Assessment Program.

The Quality Assurance Committee conducted a number of audits on all aspects of care such as the use of therapeutic quiet, close and constant observation, patient related incidents, mini surveys and chart audits. Compliance to predetermined standards remained high.

Inhouse educational activities and programs by the Clinical Supervisors included the following: monthly orientation, special casual orientation for registered nurses, pharmacology updates, the role of team leader, nursing care planning and documentation, teaching and auditing procedures, management of aggressive patients, management of suicidal patients, clinical conference presentations and z-tracking procedure.

A total of 42 nursing staff attended a total of 30 conferences and workshops related to psychiatric nursing. Two head nurses completed the Nursing Unit Administration Course. Three registered nurses completed the post graduate course in psychiatric nursing.

Sixty-seven staff were presented with Five Year Award Certificates. One hundred thirty-nine staff received pins at an Awards Dinner held in their honour.

Margaret Stewart and Laureen Gray were appointed to Clinical Supervisor positions. Reginald Woods was appointed to the Head Nurse position.

The Advisory Committee to the Director of Nursing remained active, although no major staffing issues were discussed.

Nursing care hours remained at an overall average of 4.5 hours per patient per day.

Absenteeism showed a marked increase during the year. The department was plagued with a large number of staff suffering from long-term illnesses. Some of these staff have since retired under the newly implemented Long Term Disability Program.

The Director of Nursing conducted a number of surveys in long term care centres and psychiatric hospitals for the Canadian Council on Hospital Accreditation.

The department had some stressful times during the year due to the many changes as well as the media emphasis on hospital and patient security. We were, however, able to fulfill our commitment to deliver therapeutic and safe care to the patients.

In summary, although it was a busy and sometimes stressful year, the nursing staff continued to provide safe and therapeutic care. Ongoing and ad hoc working committees resulted in the revision and updating of standards, procedures and programs. These committees offered staff at all levels an opportunity to take part in program planning and problem-solving, which in turn not only enhanced their worklife but also the delivery of care and the quality of life of our patients.

Nursing Education

The department continued its educational programs, and 209 student nurses completed courses ranging from four to five weeks. The hospital provided eight days of clinical experience for 147 student nurses (with instructors) from the Victoria General Hospital School of Nursing and three weeks of clinical experience for 26 nursing students from St. Francis Xavier University. Similarly, 89 C.N.A.s from the Dartmouth Vocational School received two weeks of clinical experience.

Ten CNAs successfully completed the 12-week post-graduate course in psychiatric nursing, the ten R.N.s successfully completed the 26-week post-graduate course.

The Director of Nursing Education is responsible for Simpson Hall, providing accommodation for a number of Dartmouth Vocational School students, student nurses and some resident staff members. The highest daily occupancy was 118 and the lowest was 29.

Pastoral Care Department

During the year the department was comprised of a full time Protestant chaplain and a full time co-ordinator who also served as the Roman Catholic chaplain.

The Hospital Advisory Committee on Pastoral Care was active throughout the year. It is made up of members from both the community and the hospital. The committee worked with and supported the chaplains in a number of worthwhile projects. These included placing on the units between 300–400 Bibles and New Testaments which were donated by the Gideon organization, the development and adoption of policies and procedures for the Department, and planning and conducting the Annual Clergy Workshop.

The fourth Annual Workshop for Metro clergy took place on March 6, 1986. It was well attended and the evaluations submitted indicated that it was very beneficial for the majority of those present.

Members of the Pastoral Care Department carried on a day-to-day ministry to patients, families and staff throughout the year.

Regular worship in the chapel continued to be provided for patients and staff. Sacramental ministry was provided for patients on the units

by request. Services of worship and communion were also held on a fairly regular basis throughout the year on N–2.

Two programs in Supervised Pastoral Education were conducted during this period. In July, 1985, four students received Certificates for successfully completing a 12-week unit in Supervised Pastoral Education. In April, 1986 four more students received Certificates of completing an extended unit in Supervised Pastoral Education.

Educational Services

During the past year we have had approximately 190 students participate in our educational program.

These students have been referred from Princess Alexandra Unit, MacKay Unit, Unit N–3, and Unit N–12, and have represented all grade levels from pre-school to grade twelve. We have also accepted a few day care students referred to us by the Dartmouth City School Board which was unable to provide these individuals with an appropriate academic/behavioural placement.

The past year has seen some significant changes in our educational programming. The purchase of an Apple IIc computer, monitor and printer has allowed us to commence basic computer training with our students.

Ms. Susan Adams, academic teacher assigned to the mid-elementary group, has recently completed a Master of Education in Reading at Mount Saint Vincent University, and will be utilizing her newly acquired skills to diagnose and prescribe for our reading-disabled students.

Through negotiations with the Dartmouth Public Library, we were able to arrange for the services of the bookmobile on our grounds once a month.

In consultation with the Occupational Therapy Department, we began scheduled occupational therapy time for some of our adolescent students during school hours. These students' schedules are now more representative of a normal public school schedule, i.e., with time allotted for Home Economics/Industrial Arts types of programs.

Our adolescent census remained unwieldy this year, necessitating the hiring of a casual teacher for the entire year. This seems to underline the need for a second fulltime academic teacher.

A teacher's aide was also hired to assist in the early elementary class due to the admission of a few exceptionally difficult youngsters to the MacKay Unit.

The Social Skills Program introduced to the Children's Service by the Department of Psychology and ourselves continues to flourish; so well, in fact, that we are seriously considering adaptation of this program for the adolescent unit.

The special class in the DeWolf Building for N-12 and N-3 continues to function with the help of volunteers and students from the various teacher training institutions in the province. No great change is expected in this area until a full time teacher is taken on staff.

We also continue to provide consultation services to the adult patient population of the hospital, referring them to programs in the community such as night school, correspondence courses, etc.

Pharmacy and Pharmacy Services

Staff of the department was at full complement for the year, consisting of the Director, three registered pharmacists, one pharmacy clerk, and one clerk-typist. No student was employed during the summer months.

The workload of the department remained fairly constant with that of the preceding year with a total of 43,560 items supplied. Broken down, this figure shows 26,669 ward stock items issued, 7,702 new patient orders, 6,143 pass medications, 2,286 outpatient orders, 663 day hospital orders and 115 staff/student orders.

A new method of Pharmacy workload reporting, originating from the Department of Health, will become effective on April 1, 1986. Predetermined unit of work measurements will be used for each function performed and totalled to provide a standard workload measurement.

An air conditioning system, recommended by recent Accreditation teams has been installed. With many of the medications present in the pharmacy being subject to heat deterioration, it is expected that this installation will maintain the temperature at an acceptable level. A survey was conducted during the year to determine the requirements needed for the implementation of a computerized pharmacy operation. Further developments on this will take place over the next year or two.

In addition to the routine dispensing functions for the hospital, the department continued its participation in the various committees and programs of the hopspital. Regular monthly meetings of the Pharmacy and Therapeutics Committee were held throughout the year. In addition to the routine business of this committee, the hospital formulary was reviewed and revised and a new edition is about to be printed.

The department was again represented on the Multidisciplinary Audit Committee, participated in the Journal Club sessions, and continued patient counselling programs at the Day Hospital.

Other activities included in-service educational sessions, orientation discussions, participation in continuing medical education, other educational talks on pharmaceutical topics, and drug information dissemination.

The Hospital Pharmacy Residency Program was continued this year with two students obtaining a portion of their training at this hospital. Additionally, two fourth year students spent one week of their clinical clerkship at the hospital pharmacy.

The Pharmacy Department will continue to maintain its standards of service throughout the coming year with the emphasis directed at quality assurance throughout. More involvement may be possible in the fields of patient counselling and participation in medical rounds. The publication Pharmanotes will return early in the year.

Under the direction of the Director of Pharmacy, the approved complement of the Pharmacy Services Department consisted of a Chief Clerk, one computer terminal operator, three storesmen, and one clerk-typist utilized mainly as a stores person.

Orders for the year totalled 8,425 with an approximate value of $13,000,000.00. The bulky items deleted from our inventory this year did not appear to affect the sales to any extent. The out moded computer program continues to be a problem insofar as stock records and checks are concerned. A significant improvement in this area is expected during this fiscal year.

New industrial shelving was installed in our bulk storage area. This has greatly improved the stock arrangement and has increased the usable space. We are still awaiting our second computer terminal and printer.

Psychology Department

There were two staff departures during the year: Marilyn Goulden, secretary, in May, and Margaret O'Hara, B.A., in August, replaced by Silvia Frausin, B.A., in October. Excluding the secretarial position, the f.t.e. staffing level was 10.

The record high staffing level enabled maintenance of a high level of clinical service. In a typical month 162 clients were provided with direct services, mostly psychotherapy and psychological assessment, for a total of 380 contact hours. 130 clients were served through indirect psychological interventions including planning, implementation and direction of treatment programs, staff supervision and training, consultation and participation in team meetings, for a total of 216 contact hours with clinical staff. Changes from last year included a substantial increase in the number of individual psychological assessments provided, a decline in individual psychotherapeutic services and a substantial overall increase in indirect clinical services.

Individual psychotherapy and counselling for a range of clients — often with multiple and severe problems — has continued to be the dominant treatment modality, comprising approximately two-thirds of the sessions provided to outpatients; typically on a primary therapist basis. The decline in individual psychotherapeutic services partly reflects redeployment of part of a staff position from outpatient to other services. A record number of group psychotherapy sessions were also provided, two-thirds of them on an inpatient basis, including various special focus groups such as stress management, assertiveness, problem solving, as well as a process psychotherapeutic groups. The level of marital and family therapy was unchanged from last year, forming a relatively limited component of the overall therapeutic services of the department, although there has been a recent emphasis by one staff member on home visits as a component of individual therapeutic services. Occupational health services to Hospital staff, primarily psychotherapy and counselling, continue on a limited but now well-established basis.

A major development in psychological assessment services was the introduction of computerized psychological testing, with programs established by year end for administration, scoring, interpretation and production of narrative reports on a number of major tests, together with a number of non-test clinical assessment and report writing programs. The full impact of these developments is expected to be felt in the forthcoming year; however, they may already have had some effects in terms of the increased number of assessments provided. A further

factor in the increase has been additional pressure for forensic psychological assessments, partly reflecting the impact of the Young Offenders Act. In a further major development, the groundwork has been laid for a specialized neuropsychological assessment service to the point of providing a small number of assessments on a trial basis.

The major areas of focus for indirect clinical services have continued to be the special units and services although input has been maintained on receptive general units, through psychotherapy groups (noted above), behavioural programming and active involvement in clinical and administrative team meetings, active participation in updating statements of mission, philosophy and objectives for certain units, and development of a patient resource centre on one unit designed to provide information regarding community services/resources and various aspects of mental health.

Although limited because of the pressure of service commitments, staff have continued to carry out a considerable range of educative and consultative activities. Within the Hospital, these have included participation, including presentations to family members and community caregivers, in the unit N–3 family education program, participation in the wellness in the workplace series for Hospital staff, presentations on neuropsychological assessment to medical staff and post-graduate nurses, a workshop in stress management for nursing staff and preparation of a stress management package for Day Hospital. Other educational activities have included continued participation in the Hospital's staff orientation program, presentations to staff on certain general service units, presentations to pastoral care and pharmacy students, considerable staff training in behavioural methods on units 3 and 12 and MacKay Unit, hosting visiting psychologists and primary involvement in several Hospital Clinical Conference presentations.

Involvement in consultative and educative functions to community agencies and groups has continued to be limited, but, with a healthy diversity of activities. A continued focus on continuity of care and co-ordination of treatment has involved regular contacts and consultation with community referral services such as local schools, group homes, probation services, and community clinics, including active involvement with Cobequid Multi-Service Centre.

Contacts with community support agencies have continued as part of the normalization efforts of the life skills programs of unit N–3. A psychology staff member gave strong support for the Hospital's efforts in relation to Mental Health Week, May 1985, including media interviews,

participation in a radio talk show, and organization of open house functions. Staff members have provided support for the local branches of the Canadian Mental Health Association.

Academic and university links have been maintained. A staff member presented a paper on resistance in psychotherapy at the annual Canadian Psychological Association convention. There have been student visits from local universities and a number of staff have taught university courses. Several proposals for research at the hospital have been received but so far remain unable to be acted on. In a major training development, the department was able, for the first time, to take on an intern at the post-Master level, for a 9-month placement, assigned to unit N–12. There are plans for a full 12-month predoctoral internship for the forthcoming year.

Following the practice of recent years, a Masters student in clinical psychology from Memorial University carried out a 3-month summer field placement.

It is apparent that the year has been one of considerable development for the department in a number of areas. There have also been considerable improvements in the physical resources of the department, including a major expansion in office space which has enabled provision of appropriate clinical interviewing and computer facilities; a comprehensive updating of psychological test equipment and neuropsychological equipment and facilities; acquisition of a range of psychological computer software including clinical interview and assessment as well as psychological testing functions; and provision of one way viewing facilities and equipment for project staff training on unit N–13. It is anticipated that the forthcoming year will see a continuation and consolidation of this year's developments, including predoctoral internship training, implementation of quality assurance functions, increased co-ordination and development of outpatient functions, reclassification of staff positions, increased service to certain units, provision for the first time of a liaison service to the psychogeriatric unit, and continued exploration of ways to provide a neuropsychological service. Even with implementation of such developments, however, patient needs for psychological services will continue to be greater than the Department's ability to provide them.

The services presented in this report have been made possible through the initiative, professional skills and dedication exercised by the staff of the Department, often under difficult circumstances; this occasion is taken to thank them for their efforts.

Department of Social Work

The staffing complement remained stable at 21 permanent positions. There were two staff resignations during the year. One casual position was available to the department on an intermittent basis to offset staffing pressures due to internal transfers, recruitment and orientation of new staff. Three staff members were awarded 5-year service certificates and eleven staff were honoured with long service awards at a testimonial dinner.

At the beginning of the fiscal year, the department held a staff planning session to confirm the direction of the department in relation to the overall goals and objectives of the hospital, and to identify specific areas of concentration related to its four major functions: Administration, Clinical, Teaching and Community Activities.

Administration

As of April 1, 1985 the department introduced the Pro Scan statistical system: a comprehensive, computerized information service distributed on a national scale, designed for the reporting of social work activities. This system has been in operation for the past year and has proven to be an effective model for defining and quantifying social work activities on a standardized scale.

It has identified potential for utilizing on-site computer terminals which would allow the department to link available community resources to specific patient needs as these are identified.

Other major administrative activities over the past year include the development of a departmental Quality Assurance Plan to synchronize with the Hospital Quality Assurance Program, review and revision of the Departmental Policy Manual, revision of job descriptions and implementation of a system of audits for accreditation readiness.

Clinical

Apart from the regular social work services provided directly to patients, the department directed attention to the development of a range of new programs aimed at meeting the identified needs of certain targeted populations.

With the co-operation of other disciplines, the department initiated a series of Family Education Programs aimed at providing general infor-

mation and a vehicle for support for the relatives and primary caregivers of a group of patients on an Adult General Psychiatric Unit. These mini-workshops have been attended by families of patients and members of allied community agencies, including staff from the local Licensed Boarding Homes. Representatives from Adult Residential Centres and other provincial facilities have also shown a high interest by their attendance. Topics presented thus far include: schizophrenia, depression and suicide and alcohol and drug abuse. This pilot project has recently been evaluated and plans are in progress for further development of the program on a more permanent basis.

The social worker assigned to one adult inpatient unit has developed an Art Expression Group for patients which is conducted on a weekly basis. Other groups developed and conducted on adult general psychiatric units during the year include a Family Education and Support Group for the families of patients treated in the two psychogeriatric units, a pre-discharge group for preparing patients for return to the community, and an ongoing support and problem-solving group for development of self-awareness.

In the Children's Service the focus of social work programming has been directed toward the development of a Parent Program to evaluate parent involvement in the treatment process and develop more effective ways of enhancing parent participation.

Staff assigned to the Adolescent Service have been active on a variety of administrative committees including activities related to a review and revision of admission criteria and the development and implementation of a new referral package for facilitating outpatient referrals.

A pilot project for conducting an outreach preventive program in conjunction with the Dartmouth School Administration is currently under development.

During the year, specific group therapies designed and delivered to adolescent patients included such topics as development of relationship skills, sexual awareness counselling, and some activity-oriented programs.

In the area of partial hospitalization and community services, staff continued to conduct the weekly Social Program for a group of 50 chronically mentally ill patients who reside within the local community and who attend regularly as a function of their aftercare.

In keeping with the department's primary mandate to provide universal access to direct clinical services for patients and families, staff development programs have attempted to address a broad spectrum of patient care issues as identified through case findings.

In co-operation with the Provincial Department of Social Services, the Staff Training Division of the Civil Service Commission, the Attorney General's Department and others, staff received educational workshops on child abuse, adult abuse, youth offenders, health, social services and the law and a variety of other practice related topics.

Focus on the development of specific clinical and personal skills was fostered through the provision of staff training sessions on a series of lectures on schizophrenia, instructional techniques for professionals, coping with stress and public speaking.

Community Activities

Staff members attended the following major special interest conferences over the past year: International Conference on Family Therapy; Conference on Hospital and Community Psychiatry; Conference of Social Work Administrators in Health Care Facilities; and Conference of the Canadian Mental Health Association.

In keeping with the recommendations of the departmental study conducted by the Social Work Consultant, Department of Health, efforts were made to reinforce department linkages with the provincial community Mental Health Centres and allied agencies. Opportunities were provided for staff and supervisors to visit a variety of agencies for the purpose of orientation of junior staff and to reinforce appropriate professional interactions between hospital and community.

As part of the department's commitment to assist in the identification of need and the development of community resources, staff members continued to function in key positions on a variety of community boards and committees. One staff member was appointed Chairman of the Community Support Services Committee of the Metropolitan Mental Health Planning Board and another staff member was appointed Co-Chairman of the Annual Conference, Canadian Mental Health Association. A staff member was also invited to sit on a national task force to research the mental health needs of immigrants and refugees.

Other community activities provided by staff include service on the Evaluation, Information and Research Committee of the Metropolitan Mental Health Planning Board, representation of the Hospital on the Nova Scotia Family and Child Welfare Association and the Nova Scotia Division of the Canadian Red Cross Society.

Staff members responded to ad hoc requests from the professional community for presentations on a variety of issues related to patient need, and provided services as follows: (1) Guest speaker to the Annual Meeting, Dartmouth Mental Health Association; (2) Presentation to the Housing for People Coalition on the housing needs of the psychiatrically disabled; (3) In-service to the staff and volunteers of Crisis Help Line; (4) Presentation to metro area clergy and church committees on emergency assistance needs of the psychiatrically disabled; (5) Presentations to Dartmouth and County School Systems on mental health related issues.

One staff member has developed a training program on suicide prevention and development of community awareness, which has been delivered to a wide variety of community audiences, including native populations of Nova Scotia, provincial public health nurses, teachers, police, in-service to Nova Scotia Hospital staff, and to the Social Work staff of I.W.K. Hospital for Children.

Teaching

During the year the department provided field instruction for five students from the Maritime School of Social Work under the supervision ofsenior staff.

One staff member provided supervision of a group therapy program conducted by two pastoral care students from the Atlantic School of Theology.

Several staff members gave presentations as guest lecturers to the students at the Maritime School of Social Work, according to individual interest and personal expertise. The curriculum content included lectures on social work in health care, colloquium on current social work issues, identification with the Professional Association of Social Workers and women and therapy.

Teaching within the hospital included monthly orientations for new staff on the role of the Social Work Department and lectures to the R.N.P.G. students on the role and function of social work.

The department continued to promote a closer working relationship with the Maritime School of Social Work in order to represent the manpower needs of the practice community.

The Director, in association with Directors of Metro Hospital Social Work Departments, was invited to meet with the National Committee on Accreditation of Schools of Social Work during the evaluation process.

During the year, a search committee was appointed to fill the position of the Director of the Maritime School of Social Work. The Director, Nova Scotia Hospital, participated with other Metro Area Directors in the selection process. *Proposals for new programs* developed by staff and forwarded for consideration include: (1) A maintenance residential care program for the chronically psychiatrically disabled; (2) proposal and job description for a patient representative position; (3) A grant proposal to the Department of National Health and Welfare on serving the needs of "victims of violence"; (4) A housing research project into the needs of the post mentally ill.

Personnel

At year end, the department had completed the major tasks as identified at the initial staff planning session with minimal disruption to ongoing departmental functions.

The department's Five Year Plan was developed and submitted for integration into the hospital's overall Five Year Plan, for synchronized implementations.

Staff Development Department

During the past year the Staff Development Department continued to be actively involved in both internal and external programming.

The development of a comprehensive Quality Assurance Manual was completed. Within the Quality Assurance Manual were specialized appraisal instruments which included the following: needs assessment form, user appraisal form and an orientation checklist.

During the past year the department's Policy-Procedure Manual received a complete review, with a comprehensive revision of the Director's job description being completed.

Programming continued to occupy the bulk of Staff Development activity. An increase in both incidental and scheduled programs as well as outreach programs was experienced. Also Staff Development experienced an increase in requests from other departments for assistance in preparing specialized questionnaires and assessment instruments including: development of a questionnaire for the Speaker's Bureau, development of a questionnaire for the Planning Board Retreat, assistance in preparing a questionnaire for the Committee on Aggressive Behaviour and a series of mini lectures on questionnaire development and construction.

Staff Development has implemented a detailed report and statistical summary regarding C.P.R. staff performance. This style of summary reporting enables rapid and accurate interpretation of departmental performance and attendance during both C.P.R. cognitive and behavioural assessment.

Over the past year the Staff Development Department continued to be actively involved with the C.M.E. program. This year saw the beginning of the Poulenc Dialogue. This series of interactive lectures and presentations was implemented for community physicians and medical staff at the Nova Scotia Hospital. This has been an ambitious undertaking involving presentation of significant topics relevant to the goals of the dialogue. Reaction to the program thus far has been encouraging and it is considered to be a successful and most useful program.

Finally, the Staff Development Department has seen a substantial increase in requests for internal programming. This increase in requests has also been accompanied by a change in requesting sources such as training centres, Industry, and general interest areas. This shift, along with the regular sources of requests has given the department and hospital greater scope and reach within the Halifax-Dartmouth community.

In summary, Staff Development has a quality assurance program in place. Various instruments have been developed. Programming continues to occupy the bulk of activity within the department. The Poulenc Dialogue was successfully introduced within Continuing Medical Education programming, and Staff Development has expanded in the range of requests and audiences seeking departmental expertise and information.

Volunteer and Public Relations Department

The most exciting development of the year was the opening of Tel-Med, a health information line. The system is operated by volunteers and offers information on a variety of subjects to the anonymous callers. Tel-Med operates from 10 a.m. until 9 p.m. five days a week. In the first month of operation with promotion, almost 4,000 calls have been received.

Volunteer activity continued with people working in the Apparel Shop, Gift Shop, in the classrooms, as companions, in the social clubs, in recreation and occupational therapy and other areas as requested. For the first time a volunteer worked on the Forensic Unit instructing a person in basic educational skills.

Public Relations activities involved public presentations, media coverage and media interviews. Attempts were made to broaden the public's knowledge and understanding of the hospital.

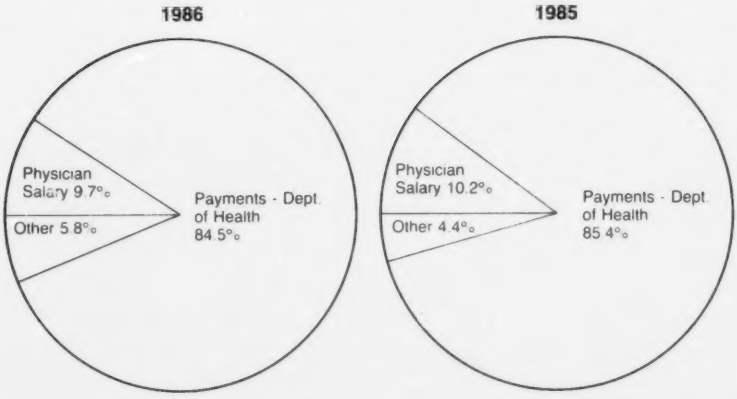
Christmas carols and parties were again co-ordinated through the department as were the answered requests for Christmas presents. The response from the community during this season is excellent and results in more than enough presents for each person in the hospital.

Regular requests for additional funding for special needs were received and developed.

It has been another busy but productive year with 123 volunteers giving 4,509.5 hours. To recognize our volunteers, a lovely candlelight dinner was held during volunteer week.

Analysis of Hospital Recoveries
For the Years Ending March 31, 1985, and 1986

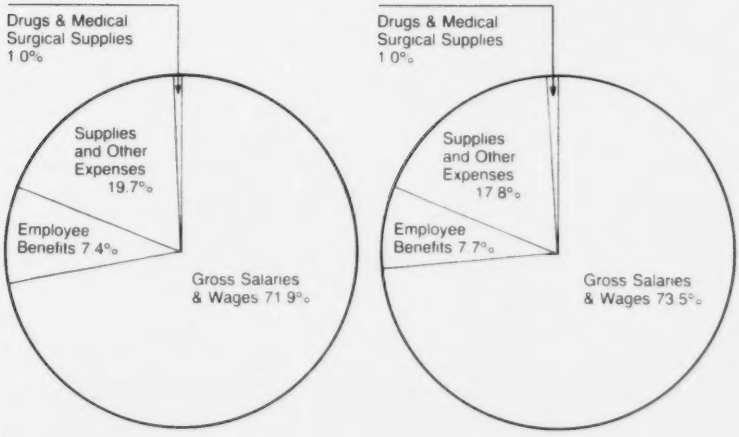
Percentage Distribution of Revenue
by Type of Recovery



	1986	1985
Other		
Uninsured Patients Days	1%	2%
Meal Recoveries	1.7%	1.5%
Room Recoveries	5%	.4%
Steam	1.2%	1.0%
Services to Central Laundry	1.6%	1.3%
Metro Drug Dependency	8%	.7%
Net Ancillary Operations	(.3%)	(.8%)
Other	.2%	.1%
	5.8%	4.4%

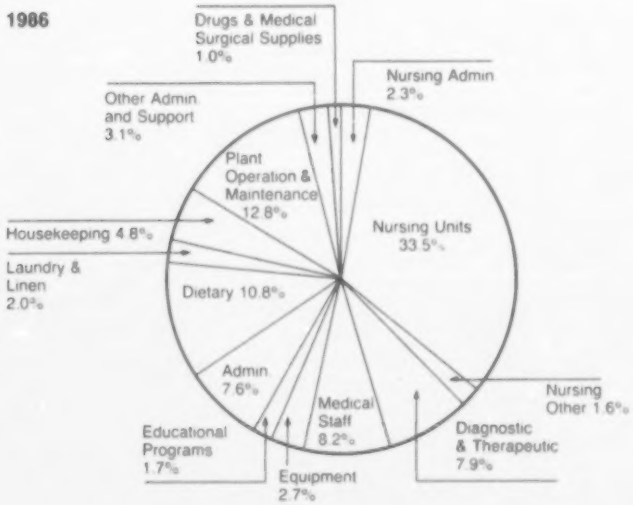
Analysis Hospital Expenditures
For the Years Ending March 31, 1985, and 1986

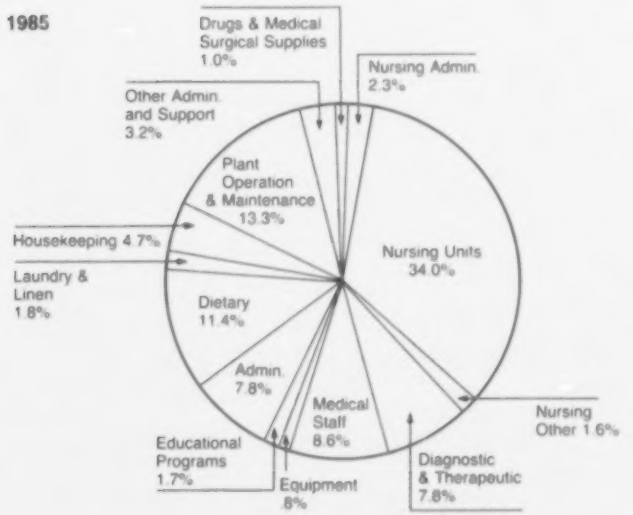
Percentage Distribution of Costs
by Type of Expenses


Drugs & Medical Surgical Supplies 1.0%
Supplies and Other Expenses 19.7%
Employee Benefits 7.4%
Gross Salaries & Wages 71.9%
1986
Drugs & Medical Surgical Supplies 1.0%
Supplies and Other Expenses 17.8%
Employee Benefits 7.7%
Gross Salaries & Wages 73.5%
1985

Analysis Hospital Expenditures
For the Years Ending March 31, 1985, and 1986

Percentage Distribution of Costs
by Service





ANNUAL REPORT OF THE MEDICAL DIRECTOR
for the period covering
April 1, 1985–March 31, 1986

The past year has seen a number of exciting and innovative developments in the treatment programs of the hospital and these will be highlighted along with some general comments before dealing with the body of the report.

1. The Quality Assurance Program for the hospital was completed and implemented which, for the medical staff, included reviews of all treatment programs and a complete updating of all psychiatric and general medical procedures.

2. A Peer Review Program was devised and implemented for all medical staff.

3. Due to increased demand, plans were finalized to expand the psychogeriatric program to two in-patient units, with one devoted to the examination and treatment of emotional disorders of aging such as depression and paranoid disorders and the other for the organic brain disorders.

4. A program was implemented to provide examination and treatment of young offenders in accordance with the Young Offenders Act.

5. The overcrowding experienced in the in-patient services during the past six years finally eased and no units exceeded their capacity except for the Forensic Unit.

6. During this fiscal year, there were 1,817 in-patients recorded with an average length of stay of 56 days on the Adult General Units.

7. The Community Mental Health Services continued to show an increase in the number of new patients entering the system. There were 13,805 out-patient visits recorded during this year.

8. There were 131 admissions to the Day Hospital and Day Care Program.

9. A rapid increas in the number of court-referred young offenders has exceeded the capacity of the Adolescent Service and its staff. In addition, the presence of the young offenders caused a great deal of disruption to the existing programs of the service.

10. The number of beds assigned to the immediate catchment area of the Nova Scotia Hospital (Dartmouth, Bedford/Sackville and Halifax County East) was expanded to include another unit, S-4. The total number of beds is now 54.

General Comments

The changes noted above have been implemented with very little increase in the professional staff complement. All psychiatric programs were updated to keep pace with advances in this field. Many members of the psychiatric staff have attended special courses provided by Dalhousie University and other centres of teaching in more distant areas. Indeed, our Peer Review standards require that each medical staff member attend a required number of Continuing Education programs. In addition, the Staff Development Department co-ordinated in-hospital educational sessions for the medical staff consisting of 36 hours with eminent teachers from many parts of this continent.

As a teaching hospital fully affiliated with Dalhousie University, many of our psychiatrists (14) are involved in instruction of medical students, interns and residents in psychiatry and in family medicine who come to this hospital for their experience. Teaching is also provided for undergraduate nurses from many hospitals in this province, law students, certified nursing assistants, social workers and psychologists.

As of March 31, 1986, the medical staff consisted of 18 full-time and 2 part-time psychiatrists as well as 6 family practitioners. Other part-time medical staff consisted of 14 consultants covering all the major specialties and 3 part-time dentists.

The medical staff continues to meet regularly to discuss hospital matters and advise on planning and treatment programs. Clinical conferences and grand rounds are held each week to review cases in a multidisciplinary setting. Weekly meetings to review journals and new books are also carried out by all professionals as a means of keeping abreast of developments in mental health care.

Six members of our psychiatric staff hold appointments at the Dartmouth General Hospital and provide a major portion of psychiatric coverage at that hospital. The facilities of the Dartmouth Mental Health Centre and out-patient services are also used for that purpose.

Community Services

Statistics

Although the number of patients seen at the satellite clinics was lower than in the previous year, there was a major increase in patient registrations and contacts at the Dartmouth Mental Health Centre itself.

Staffing

The unfortunate and prolonged illnesses of Ellie Shortt, R.N. and Dr. L. Holland during the year continued to put a strain on the remaining staff and interfered with general morale and work.

During the year, Dr. D. Stacey retired from the hospital and Dr. J.V. O'Brien joined the group providing a new shot of energy and enthusiasm. We were also very pleased with the addition of Lorraine Knott to our secretarial staff on a permanent basis.

Students

The clinic continued to serve as the base of operations of Family Practice residents and this year we were also pleased to have two social work students affiliated with the clinic.

As in the previous year, there was little opportunity for indirect or educational service to the community, although several staff participated in school "study days" with public seminars.

Fortunately, the Wednesday afternoon Coffee Hour for chronic patients continues to thrive, with an average attendance of 50 patients.

Clinic	New Registrations		Patient Contacts	
	1985	1984	1985	1984
N.S.H. (Y)	130	138*	79	917*
Clinic #1 — Sheet Harbour	32	34	119	121
Clinic #2 — Sackville	120	138	1,277	1,399
Clinics 3 & 4 — Musquodoboit Harbour	79	81	548	617
Clinic #5 — D.M.H.C.	530	420	8,136	6,297
Clinic #7 — Outside Sector	53	61	456	529
TOTALS:	944	872	10,615	9,880

* These totals include Dr. Nigel Allison's Out-Patients (Psychogeraitrics) which account for approximately ¾ of the total. As of January, 1986, Dr. Allison's out-patients were identified with the letter "A" and counted as a separate entity for Geriatrics.

Day Hospital

From April 1, 1985 to March 31, 1986, a total of 95 referrals were made to the Day Hospital of which 56 were admitted to the program after pre-assessment. The majority of these would have required in-patient admission if this service were not available. A full census was maintained throughout the year and there was a waiting list of 1–10 persons.

Staffing

Dr. Manbir Singh resigned in August, 1985 to take a position in Ontario and Dr. Buffett replaced him as the Psychiatrist/Director.

Program Changes

Throughout the year, the program was continually revised with a major revision in February, 1986. The changes included the addition of a number of new groups to the existing program.

Children's Services

Statistics

As last year, the statistics for three years are presented for comparison. There have been no changes in admission policy, and any that are seen are due to changes in cases referred.

Age on Admission	1985–86	1984–85	1983–84
5 years	—	—	1
6	1	1	2
7	3	2	5
8	3	—	5
9	1	2	—
10	5	6	2
11	5	3	5
12	5	3	7
13	4	12	7
14	—	3	—
Mean Age:	10.3	11.3	10.6
S.D.	2.1	2.1	2.8

The mean age has decreased, and two different age groups may be seen that fit well into the two different programs on two separate wings.

Address	1985–86		1984–85		1983–84		Totals	
	Ass.	Adm.	Ass.	Adm.	Ass.	Adm.	Ass.	Adm.
Dartmouth	7	4	14	12	15	12	36	28
Halifax	7	4	7	8	7	6	21	18
Halifax Co.	2	4	5	4	5	4	12	12
METRO SUBTOTAL	16	12	26	24	27	22	69	58
Annapolis Co.	3	2	1	1	—	—	4	3
Antigonish Co.	—	—	—	—	2	1	2	1
Cape Breton	4	3	—	2	4	3	8	8
Colchester Co.	3	1	3	3	3	2	9	6
Cumberland Co.	—	—	—	—	2	2	2	2
Guysborough Co.	1	1	—	—	—	—	1	1
Hants Co.	7	4	1	1	2	1	10	6
Kings Co.	1	1	—	—	2	1	3	2
Lunenburg Co.	1	—	2	—	—	—	3	—
Pictou Co.	1	2	2	2	—	—	3	4
Queens Co.	1	1	—	—	—	—	1	1
Shelburne Co.	—	—	—	—	1	—	1	—
OUTSIDE METRO	22	15	9	9	16	10	47	34

There appears to be a steady trend towards fewer referrals from the Metro Area, and more from outside. The totals show that there are cases from most parts of the province in the period reviewed and it is expected that with improved children's services in these areas case-finding will lead to more referrals. This should follow the hoped-for implementation of the Barkow Report.

Length of Stay

	1985–86	1984–85	1983–84
DAYS	222	193	230
S.D.	112	118	193

Diagnoses

	1985–86	1984–85	1983–84
Conduct Disorder	14	21	19
Adjustment Disorder	14	5	8
Attention Deficit	2	3	5
Separation Anxiety Disorder (School Refusal)	1	2	1
Opposition Disorder	—	2	—
Overanxious Disorder	—	—	1
	31	33	34

The diagnoses reflect the high incidence of social pathology in our patients' families. Single parents or broken families are the rule and contribute largely to the reasons for the childrens' difficulties. This has placed a greater burden on the unit social worker than ever before, especially with a greater proportion of the admissions coming from outside Metro.

Community Services

Unit staff have continued to maintain good liaison with those agencies involved in making referrals and providing after-care. Workers from outside agencies attend case conferences of children for whom they have some responsibility. Unit staff have done a number of home visits to help parents make better use of what they learn here of improved parenting skills. This extension of service has proved a very worthwhile addition. The Director has been involved in the Metropolitan Mental Health Planning Board Sub-Committee on Children's and Adolescents' Services.

Adolescent Service

A few major changes were made in the treatment program for adolescents during the past year. Major difficulties were encountered with the large number of referrals from the court under the Young Offenders Act.

The protocol for admission, treatment and discharge is as follows:

— All patients are assessed prior to admission to determine their need for admission to the service. An intake meeting follows where information is received from every source and individualized treatment plan is made. Periodic reviews are held to determine what progress has been achieved and to establish plans for discharge and community placement.

The majority of admissions to the Unit were for severe conduct disorders. By nature, these individuals caused many management problems, made more intense with the large number of court referrals. This points out the need for a special area to deal with young offenders.

Statistics

Out-Patient Assessments referred from the community	132
In-Patient Assessments from adult units	62
Total Assessments	194
In-Patient admissions to P.A.U. (direct from community)	113
In-Patient transfers from adult units	24
In-Patient remands	31
Total In-Patient Admissions	168
Day Care Patients	6
Number of Out-Patient Visits	162

Psychogeriatric Service

During the fiscal year, the Psychogeriatric Service continued to operate a one-unit in-patient service and a fairly extensive out-patient and domiciliary service.

There was a total of 110 admissions to the unit proper, but approximately 20 other admissions to other units in the hospital were cared for by the members of the psychogeriatric team. The re-admission rate was approximately 40%; however, it should be noted that many of these

admissions were of patients who had a single illness many years ago and who were re-admitted with a different psychiatric disorder on this occasion.

Major diagnostic groups continue to be basically unchanged from previous years with a heavy weighting towards the organic brain disorders. A significant minority of patients were admitted with major affective disorders and other functional psychoses, presenting frequently with symptoms of organicity which improved with treatment. Many referrals for admission were received from homes for special care in the province and the majority of patients were discharged to homes for special care although again a significant minority were discharged to the wider community.

Treatment approaches continue to be as in previous years. Psychopharmacological and behavioural management of behaviour difficulties has continued. Various minor changes in milieu have probably helped to improve the overall therapeutic approach. It should be noted that the majority of patients are heavily dependent on care and that much emphasis has been placed, therefore, on providing basic physical nursing care.

During the year, there was some in-put from recreational therapy and very occasionally in-put from psychology services. However, the service continued to be inadequate in terms of providing a full range of services.

The out-patient service continued to flourish with approximately 120 referrals to the service during the course of the year. About 15% of these referrals were in fact re-referrals. A very small number of out-patients were seen solely at the hospital but the majority were seen either in nursing homes in the local area or in their own homes in Dartmouth city. Diagnostic breakdown of this group of patients is similar to that for out-patients but with a slightly heavier weighting towards functional illness. Treatment approaches have mostly been in the areas of medication and liaison with other social agencies in the community although a small number of out-patients were, in fact, admitted to the in-patient service.

As far as other activities are concerned, there has been considerable administrative work in the area of planning for the opening of the new psychogeriatric unit for functionally ill patients. A second psychogeriatrician, Dr. M.S. Muthu, is a welcome addition to the service. In-service education for the service continued although this was unfortunately sporadic at times, but we were fortunate in attracting one or two speakers

from geriatric services at Camp Hill Hospital. Planned research activities have been minimal during the year.

Continued elevation of this service highlights the need for recreational therapy, occupational therapy and psychology input to the service as an integral part of the treatment program. Hopefully, this situation will change.

Forensic Service

Statistics

There was a total of 140 admissions to the Forensic Unit from April 1, 1985 to March 31, 1986. This establishes a record for the unit.

1. Remands

   There was a total of 129 remands of which 118 were found fit to stand trial within the remand period and 11 were found to be unfit. Seven were treated and returned to court as fit to stand trial.

2. Lieutenant Governor's Warrants

   There were only two admissions on Lieutenant Governor's Warrants, one as not fit to stand trial and the other as a transfer from a correctional centre.

   As of March 31, 1986, there were 3 discharges into the community on conditional remand and one to Halifax County Correctional Centre following an escape. Seven Lieutenant-Governor's Warrants remained in hospital at the end of the fiscal year.

3. Commissioner of Penitentiaries' Warrants

   One case was admitted in this category and was returned to the penitentiary following treatment.

4. Certified Admissions

   Five cases were admitted in this category, one of which was transferred to an adult general unit. The remaining 4 were treated and returned to the courts.

General

The occupancy rate during the year was 104 per cent. This underlines the major problem which has eluded solution during the last few years: namely, chronic overcrowding on the Forensic Unit. The problem is caused because of an absolute lack of control over admissions and the relative lack of control over discharges. Satisfactory services could be provided to the courts through selective out-patient remand assessments but this has not been implemented despite many representations to the appropriate authorities.

Staff Changes

Dr. Akhtar returned from a one-year sabbatical leave in September of 1985. Dr. J.V. O'Brien undertook the Forensic Unit responsibilities in his absence.

Adult General Services

Staff Changes

Dr. W.C. Wood, Chief of Service, E.C. Purdy Building, retired on November 30, 1985. This position was left unfilled temporarily pending a re-organization of senior administration in psychiatric services.

Dr. D. Maynes joined the staff on June 28, 1985, and became Psychiatrist/Director of Unit S–1. Dr. M.S. Muthu joined the staff in December, 1985 and was initially assigned to an Adult General Unit and then transferred to the Psychogeriatric Service in March, 1986.

Dr. S. Yoon was transferred to direct the services for Extended Care Patients (Unit N–3).

Dr. P.K. Malaviarchchi took over the responsibilities as Psychiatrist/Director of Unit N–16 (Adult General Unit) in February, 1986.

Therapeutic Programs

In February, 1986, an area was opened as the locus of life skills activities for in-patients and day patients.

Other therapeutic programs on N–16, N–17 and N–12 continued to function smoothly and the overcrowding, which was present on a number of adult general units, eased during this fiscal year.

Services for Mentally Retarded Adults — N–12

During the year, there were two admissions and two discharges. In both instances, the Halifax County Regional Rehabilitation Centre was involved. Twelve assessments were carried out by the team in various parts of the province. More and more of our staff have become recognized as the leading experts in this field and are called upon for clinical opinion and the teaching of professionals in this field.

A number of federal and provincial grants provided the resources and additional staff to enrich the programs on this unit. The staff was involved in the teaching of communication skills and developmental activities.

This hospital is indebted to many community organizations and individuals who have volunteered their services, expertise and time to assist in both group programs and the care of specific individuals.

Extended Care Services Unit N–3

Unit N–3 is the long-term behaviour unit of the hospital. The major treatment modalities are behavioural programming, life skills, group therapy, individual therapy and chemotherapy.

Statistics

The census remained at capacity: 21. Four re-admissions, 6 discharges and 8 transfers to other parts of the hospital were recorded. As well there were 3 day care patients. Six patients were on the waiting list at the end of the year.

Therapeutic Programs

The on-going review of the token economy program was completed and a number of major changes were introduced to increase its efficiency. Seventeen patients are currently on this program.

There are 14 weekly group therapy sessions conducted on the unit including human relations, problem solving, social interaction and community outings.

An increased number of patients have become involved in community-based programs as a means of transition to community living. In preparation for discharge, a number of individuals have undertaken the responsibility of their own medications.

Department of General Medicine

The general medical care of patients is provided by 6 full-time physicians. A number of specialists provide consultation services on request.

The following examinations were carried out by the consultants:

General Surgery	207
Internal Medicine	142
E.N.T.	16
Ophthalmology	137
Gynaecology	54
Neurology	92

A number of procedures and protocols have been reviewed and revised as an on-going process. The Infection Control Committee was initiated under the chairmanship of Dr. D. Weir.

Admitting Department

The current fiscal year has seen a further decrease in the total number of in-patient admissions. These are noted below:

Patients Admitted	Year (Apr.–Mar.)	Voluntary	Certified	Warrant
2,157	1983–84	975	1,044	118
1,962	1984–85	914	896	128
1,817	1985–86	852	782	154

These statistics continue to show a high proportion of certified patients. This is undoubtedly due to the practice of certain referring physicians who can "guarantee" their patient's admission through this process.

Emergency admissions were made at all times. Ninety-one walk-in patients were assessed during the past year and either admitted or referred elsewhere.

Dental Services

Three part-time dentists are employed 7 sessions per week. One full-time dental assistant and a full-time dental hygienist comprise the staff of this department.

Statistical Data

Dental Services	1,525
Dental Hygienist Services	1,216

These services include surgical and restorative procedures, endodontics, prosthodontics and periodontics. In addition, a preventive program in dental education was carried primarily in the Children's and Adolescent's Services.

X-Ray Department

During this interval, 2,031 examinations were carried out for a total of 5,422 technical units and 7,598 radiological units. During this period, new X-Ray equipment was installed to replace the original unit purchased in 1958. The staff complement of this department consists of one part-time radiologist and two part-time technicians.

Electroencephalograph Department

During this period, two part-time technicians carried out 1,163 examinations, 457 of which were for out-patients.

Electrocardiograph Department

Electrocardiographs numbered #702, #62 of which were for out-patients.

Laboratory

The staff of this department consists of one full-time and one half-time technician as well as one full-time assistant.

The total number of tests performed in the hospital laboratory during the past year was 25,263. The total number of tests referred out to the Halifax Infirmary and the D.J. MacKenzie Diagnostic Centre was 14,480.

Respectfully submitted,

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Medical Director